

# *Perioperative Orthopedic Quality & Safety Newsletter*

**A Newsletter from the Columbia Orthopedics Quality Team**

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Happy New Year from the team at Columbia Orthopedics! We would like to extend our best wishes to you and your loved ones for a safe and healthy 2021. We are excited to continue sharing our reading list this year and hope that you find it a valuable resource in delivering the highest quality of care.

**- Columbia Orthopedics Quality Team**

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## **Reading List**

### **Annals of Surgery**

[Opioids After Surgery in the United States Versus the Rest of the World](#) (Kaafarani et al.)

Kaafarani et al. identify that surgeons in the U.S. prescribe a substantially larger amount of opioids postoperatively in comparison to other countries and encourage standardization of opioid prescribing patterns and non-opioid alternatives to pain management.

[Responding to Unexpected Crises - The Role of Surgical Leadership](#) (Gogalniceanu et al.)

The authors derive key surgical leadership insights from the commercial aviation industry, recognizing that leaders must manage uncertainty, build confidence, share vulnerabilities, and set the appropriate tone in times of crisis.

[Perioperative Morbidity and Mortality of Patients with COVID-19 who Undergo Urgent and Emergent Surgical Procedures](#) (Knisely et al.)

Patients undergoing urgent or emergent surgical procedures have an increased likelihood of serious perioperative morbidity and mortality when diagnosed with Covid-19. As Covid-19 is diagnosed postoperatively in many cases, the authors state that institutions should implement universal laboratory testing preoperatively as opposed to only symptom-based screening.

**JAAOS**[Harassment, Discrimination, and Bullying in Orthopaedics: A Work Environment and Culture Survey](#) (Balch Samora et al.)

This survey conducted by AAOS identifies the presence of discrimination, bullying, sexual harassment, and harassment within the field of orthopaedics, indicating the need for greater attention to and education around these behaviors to promote a safer and more inclusive work environment.

[Low Surgeon and Hospital Volume Increase Risk of Early Conversion to Total Knee Arthroplasty after Tibial Plateau Fixation](#) (Brodke & Morshed)

This article makes an argument for regionalization of care for tibial plateau fractures, as hospitals and surgeons with high-volume treatment of these injuries demonstrate lower rates of TKA conversions in patients within 5 years.

**JAMA Network**[Redesigning the Preoperative Clinic - From Risk Stratification to Risk Modification](#) (Carli, Baldini, & Feldman)

Carli et al. advocate for prehabilitation as a strategy to enhance functional fitness prior to surgery for high-risk patients. Although there are some barriers to implementation, prehabilitation programs can be integrated with existing preoperative clinics as well as through telehealth.

[Effectiveness of Immersive Virtual Reality on Orthopedic Surgical Skills and Knowledge Acquisition among Senior Surgical Residents](#) (Lohre, Bois, & Pollock)

This randomized clinical trial finds that training orthopedic surgery residents with immersive virtual reality (IVR) simulators demonstrates greater learning efficiency, procedural comprehension, and transfer of skills than technical video training.

**NEJM Catalyst**[Health Care Workers' Reluctance to Take the Covid-19 Vaccine: A Consumer-Marketing Approach to Identifying and Overcoming Hesitancy](#) (Roy, Kumar, & Venkatesh)

This anonymous survey conducted across Yale Medicine and Yale New Haven Health system found that 1 in 6 healthcare workers were hesitant to receive the 1st wave of Covid-19 vaccinations. The authors identify strategies and interventions to reduce vaccine hesitancy in these populations.